



WEST NILE VIRUS (WNV)

HEALTH CARE PROVIDER INVESTIGATION & REPORTING FORM

The Health Protection and Promotion Act 1990 (HPPA), R.S.O., 1990, and Ontario Reg. 135/18, outlines the requirements for physicians, practitioners, and institutions to report any suspect or confirmed **disease of public health significance** to the Medical Officer of Health.

If WNV is suspected or diagnosed, completion of **both pages** of this form is required and faxed by the next working day from the initial patient visit, to the Windsor-Essex County Health Unit – Infectious Disease (fax: 226-783-2132).

DATE REPORTED (YY/MM/DD)	REPORTING PROVIDER NAME	PHONE NUMBER () - ext.	
SECTION A: PATIENT INFORMATION			
PATIENT NAME (FIRST) (MIDDLE) (LAST)		SEX	DATE OF BIRTH (YY/MM/DD)
AGE			
ADDRESS: (STREET) (CITY) (POSTAL CODE)			
HOME PHONE: ()		ALTERNATE PHONE: () -	
PARENT/GUARDIAN NAME (IF APPLICABLE):			

SECTION B: PRESENTING SIGNS AND SYMPTOMS			
√ SIGNS & SYMPTOMS	Onset Date (YY/MM/DD)	√ SIGNS & SYMPTOMS	Onset Date (YY/MM/DD)
<input type="checkbox"/> Asymptomatic		<input type="checkbox"/> Muscle weakness	
<input type="checkbox"/> Arthralgia		<input type="checkbox"/> Myalgia	
<input type="checkbox"/> Confusion/forgetful		<input type="checkbox"/> Nausea	
<input type="checkbox"/> Diarrhea		<input type="checkbox"/> Stiff neck	
<input type="checkbox"/> Facial muscle weakness		<input type="checkbox"/> Photophobia	
<input type="checkbox"/> Fatigue/sleepiness		<input type="checkbox"/> Rash	
<input type="checkbox"/> Fever		<input type="checkbox"/> Vision (Blurred/double)	
<input type="checkbox"/> Headache		<input type="checkbox"/> Vision (Deteriorating)	
<input type="checkbox"/> Lymphadenopathy		<input type="checkbox"/> Vomiting	
<input type="checkbox"/> Malaise		<input type="checkbox"/> Other:	

SECTION C: CASE INDEX OF SUSPICION		
<input type="checkbox"/> Yes <input type="checkbox"/> No	History of exposure to an area where WNV activity is occurring?	Locations: _____ Dates (YY/MM/DD): _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	History of exposure to an alternative mode of transmission?	<input type="checkbox"/> Laboratory-acquired <input type="checkbox"/> In utero <input type="checkbox"/> Receipt of blood components <input type="checkbox"/> Organ/tissue transplant <input type="checkbox"/> Possibly via breast milk <input type="checkbox"/> Other, specify: _____

To guide clinical diagnosis, please collect the following specimens:

SECTION D: SPECIMEN COLLECTION			
✓	Specimen Type / Date Collected	Collection Kit*	Collection Requisition on Lab Requisition
<input type="checkbox"/>	ACUTE blood specimen 5mL Date Collected (YY/MM/DD): ___/___/___ -----	Blood, clotted – vacutainer tubes (SST)	Request “ West Nile Virus – Serology ”, including symptoms and onset date, exposure, and relevant travel history.
<input type="checkbox"/>	CONVALESCENT blood specimen 5 mL collected 2 weeks after acute sample. NOTE: Please review PHOL Lababstract for when convalescent is required. Date Collected (YY/MM/DD): ___/___/___		NOTE: For neurological syndromes, you must also submit a serum sample in addition to submitting CSF.

*Refers to collection kits that Public Health Ontario Laboratory (PHOL) requires the specimen to be collected with. The **Public Health Lab Service Desk (1-877-604-4567)** is available to answer questions regarding specimen collection.

SECTION E: PATIENT EDUCATION	
<input type="checkbox"/>	Counsel client regarding how WNV is transmitted and prevention methods. Preventative measures include: <ul style="list-style-type: none"> • Limit outdoor activities, especially between dusk and dawn from May to September. Mosquitoes can bite at any time of day, so always protect yourself. • Cover up! Wear loose, light-coloured long sleeved shirts and pants with tight woven material. • Encourage regular use of insect repellents that contain DEET (concentration of DEET should be no greater than 30% for adults and no greater than 10% for children). • Remove standing water on your property as mosquitoes use standing water to lay eggs. • Always wear gloves when you handle dead animals. • If travelling, visit a health care provider/travel clinic at least 6 weeks before leaving and check Travel Health Notices on www.canada.ca. Patient information/fact sheets are available from the Health Unit and on www.wechu.org .
<input type="checkbox"/>	Inform client/parent that a nurse from the Health Unit will be contacting them.

REPORTING HEALTH CARE PROVIDER’S SIGNATURE: _____

The most current version of the form is available on our website:
<https://www.wechu.org/forms>.

For more information: 519-258-2146 ext. 1420

Infectious Disease Prevention

www.wechu.org

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